

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007090

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 601

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City, Mo.</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>1 day</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Downtown Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>506 Osage</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Jose</u> Middle <u>(Torres)</u> Last <u>Torrez</u>		4. DATE OF DEATH Month <u>1</u> Day <u>28</u> Year <u>63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-19-1898</u>
9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>69</u> Days <u>63</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Santa Fe R.R.</u>	
11. BIRTHPLACE (City and state or country) <u>Mexico</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Meirhildo Torrez</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Rendon</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Son</u> Address <u>Joe A. Torrez - 506 Osage-KCKas.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>		years <u> </u>	
DUE TO (c) <u> </u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Vascular Accident</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	20f. CITY, TOWN, OR LOCATION <u> </u> COUNTY <u> </u> STATE <u> </u>		
21. I attended the deceased from <u>1961</u> to <u>1-28-63</u> and last saw him alive on <u>1-27-63</u> Death occurred at <u>1-28-63</u> <u>1:40 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>[Signature]</u> (Degree or title) 22b. ADDRESS <u>1222 McGee St.-K.C.Mo.</u>	
22c. DATE SIGNED <u>1-28-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
23b. DATE <u>2/1/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
24. FUNERAL DIRECTOR <u>JOS. A. BUTLER'S SONS K.C.K</u>		25. DATE RECD. BY LOCAL REG. <u>1-29-63</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Russell W Dennis

Licensed Embalmer No. 3462

P. O. Address CKK

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.